

County: Marinette  
 MARYHILL MANOR, INC.  
 501 MADISON AVENUE

Facility ID: 5470

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NIAGARA 54151 Phone: (715) 251-3172  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 75  
 Total Licensed Bed Capacity (12/31/01): 75  
 Number of Residents on 12/31/01: 66

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 72

Nonprofit Church  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.8
Supp. Home Care-Personal Care	No					1 - 4 Years		45.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.5	Under 65	6.1	More Than 4 Years		19.7
Day Services	No	Mental Illness (Org./Psy)	27.3	65 - 74	4.5			-----
Respite Care	Yes	Mental Illness (Other)	21.2	75 - 84	30.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	13.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.6	65 & Over	93.9	-----		
Transportation	No	Cerebrovascular	9.1		-----	RNs		16.2
Referral Service	No	Diabetes	4.5	Sex	%	LPNs		2.3
Other Services	Yes	Respiratory	3.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.7	Male	19.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	80.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	2	100.0	258	45	88.2	111	0	0.0	0	8	61.5	126	0	0.0	0	0	0.0	0	55	83.3
Intermediate	---	---	---	6	11.8	93	0	0.0	0	5	38.5	117	0	0.0	0	0	0.0	0	11	16.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		51	100.0		0	0.0		13	100.0		0	0.0		0	0.0		66	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	1.5	83.3	15.2	66
Other Nursing Homes	4.9	Dressing	15.2	72.7	12.1	66
Acute Care Hospitals	83.6	Transferring	36.4	42.4	21.2	66
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	31.8	47.0	21.2	66
Rehabilitation Hospitals	1.6	Eating	74.2	10.6	15.2	66
Other Locations	0.0	*****				
Total Number of Admissions	61	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.1	Receiving Respiratory Care	1.5	
Private Home/No Home Health	35.4	Occ/Freq. Incontinent of Bladder	62.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	40.9	Receiving Suctioning	0.0	
Other Nursing Homes	0.0			Receiving Ostomy Care	1.5	
Acute Care Hospitals	23.1	Mobility		Receiving Tube Feeding	3.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.5	Receiving Mechanically Altered Diets	37.9	
Rehabilitation Hospitals	0.0					
Other Locations	3.1	Skin Care		Other Resident Characteristics		
Deaths	38.5	With Pressure Sores	3.0	Have Advance Directives	60.6	
Total Number of Discharges		With Rashes	3.0	Medications		
(Including Deaths)	65			Receiving Psychoactive Drugs	48.5	

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	92.7	1.04	86.4	1.11	85.8	1.12	84.6	1.13
Current Residents from In-County	31.8	74.5	0.43	69.6	0.46	69.4	0.46	77.0	0.41
Admissions from In-County, Still Residing	9.8	27.9	0.35	19.9	0.49	23.1	0.43	20.8	0.47
Admissions/Average Daily Census	84.7	95.2	0.89	133.4	0.64	105.6	0.80	128.9	0.66
Discharges/Average Daily Census	90.3	95.2	0.95	132.0	0.68	105.9	0.85	130.0	0.69
Discharges To Private Residence/Average Daily Census	31.9	31.4	1.02	49.7	0.64	38.5	0.83	52.8	0.61
Residents Receiving Skilled Care	83.3	91.4	0.91	90.0	0.93	89.9	0.93	85.3	0.98
Residents Aged 65 and Older	93.9	97.3	0.97	94.7	0.99	93.3	1.01	87.5	1.07
Title 19 (Medicaid) Funded Residents	77.3	64.2	1.20	68.8	1.12	69.9	1.11	68.7	1.13
Private Pay Funded Residents	19.7	29.6	0.67	23.6	0.83	22.2	0.89	22.0	0.90
Developmentally Disabled Residents	1.5	0.7	2.19	1.0	1.46	0.8	2.02	7.6	0.20
Mentally Ill Residents	48.5	36.0	1.35	36.3	1.33	38.5	1.26	33.8	1.43
General Medical Service Residents	19.7	21.3	0.92	21.1	0.93	21.2	0.93	19.4	1.01
Impaired ADL (Mean)	43.0	49.0	0.88	47.1	0.91	46.4	0.93	49.3	0.87
Psychological Problems	48.5	50.2	0.96	49.5	0.98	52.6	0.92	51.9	0.93
Nursing Care Required (Mean)	6.3	7.5	0.83	6.7	0.93	7.4	0.84	7.3	0.85